

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, IN 46204



Eric J. Holcomb
Governor of Indiana
Deborah J. Frye
PLA Executive Director

Controlled Substance Registration Renewal Form

Renew online at MyLicense.IN.gov. Registration codes were provided in the renewal notices either emailed or mailed to each Pharmacy or CSR. You may also send this form with the renewal fee of \$100, to the address above. Make check or money order payable to 'Indiana Professional Licensing Agency'. If this document is postmarked after license expiration you must include a \$50 late fee. If you answer 'Yes' to any of the first 5 questions below, include a signed statement fully explaining the response plus any additional documentation with this renewal application.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address

Licensee Name	License Number	Expiration Date	Renewal Fee
Practice Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS

1. Since last renewal, has there been an occasion where any agent of your facility has not maintained effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels?	Yes No
2. Since last renewal, has there been an occasion where any agent of your facility has not been in complete compliance with all state and local laws pertaining to controlled substances?	Yes No
3. Since last renewal, have any agents of your facility been convicted, pled guilty, or pled <i>nolo contendere</i> , under any federal or state laws relating to any controlled substances that has <i>not</i> been expunged under IC 35-38-9?	Yes No
4. Since last renewal, has your facility had any action, discipline, revocation, or surrender of your Drug Enforcement Administration (DEA) Registration or entered into any settlement or Memorandum of Understanding with respect to said registration?	Yes No
5. Since last renewal, has your facility had any action, discipline, revocation, or surrender of any professional license in any jurisdiction related to controlled substances?	Yes No

LICENSEE AFFIRMATION

I hereby swear or affirm under the penalties of perjury that, as a representative of this facility, I have read, reviewed, and understand the Indiana Board of Pharmacy statutes and rules and have answered the questions truthfully to the best of my knowledge.	
Signature of Licensee	Date (month, day, year)

Fee Exempt Facilities: If you are a fee exempt facility, you need to complete this renewal application in full, write "fee exempt" at the top of the form, and e-mail it to our office.

Visit www.pla.in.gov for additional information regarding your license. If you have any questions for the Board of Pharmacy please email renewal4@pla.in.gov or call 317-234-2067.

FOR OFFICE USE ONLY

Renewal Fee	Receipt No.	Date
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